

COPY

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|------|-----------------|-------------|------|------|------|--|
| | | | | | | | APPLICANT(S) | 09/857335 | | | | |
| CLAIMS | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | |